

### **Further Description of the Roles of the CST and the CSFA**

The CST and CSFA perform intraoperative tasks that are specific to their roles in order to contribute to an efficient and safe operation. This includes the separation of the roles and duties for each surgical procedure when the CST or CSFA do not perform dual roles intraoperatively. The definition of dual roles is the simultaneous performance of the role of first scrub and surgical assistant by one person during a surgical procedure.

The CST is primarily utilized in the first scrub role; however, it is common practice for the CST to perform dual roles during particular surgical procedures or at the end of the procedure including closure of subcutaneous layer and skin.

Throughout my 17 year practice as a certified surgical first assistant most of my day was spent in the surgical technologist role scrubbing in, setting up for the case, and handing instruments.

When the procedure was completed the surgeon would step away from the table to do their post op dictation. I would then step over and finish closing for the surgeon. This is an example of dual roles while in scrub.

If the surgeon requested a surgical first assistant ahead of time, I would fill that position for that procedure. The remainder of the day I would function as a surgical technologist.

In the Lincoln hospitals this is common practice. I was employed by the hospital to function in each role when needed.

I have added the AST job description for both the surgical technologist and surgical assistant. As you can see there is overlap in duties and functions throughout the surgical procedure.

### **JOB DESCRIPTION: SURGICAL TECHNOLOGIST**

*The Standards and Guidelines for the Accreditation of Educational Programs in Surgical Technology* have been approved by the Association of Surgical Technologists (AST), American College of Surgeons (ACS), Accreditation Review Committee on Education in Surgical Technology (ARC/STSA), and Commission on Accreditation of Allied Health Education Programs (CAAHEP) and include this description of the profession of surgical technology:

Surgical technologists are allied health professionals, who are an integral part of the team of medical practitioners providing surgical care to patients. Surgical technologists work under the supervision of a surgeon to facilitate the safe and effective conduct of invasive surgical procedures, ensuring that the operating room environment is safe, that equipment functions properly, and that the operative procedure is conducted under conditions that maximize patient safety. Surgical technologists possess expertise in the theory and application of sterile and aseptic technique and combine the knowledge of human anatomy, surgical procedures, and implementation tools and technologies to facilitate a physician's performance of invasive therapeutic and diagnostic procedures.

#### **Education**

Surgical technologists graduate from surgical technology programs accredited through ARC/STSA, a collaborative effort of AST and ACS, by CAAHEP. CAAHEP is a recognized accreditation agency of the Council for Higher Education Accreditation (CHEA). In addition, surgical technology programs are located in educational institutions that are institutionally accredited by agencies recognized by the United States Department of Education (USDE) or The Joint Commission. The ARC/STSA is also a member of the Association of Specialized and Professional Accreditors (ASPA).

## **Credentials**

Certification is conferred by the National Board of Surgical Technology and Surgical Assisting (NBSTSA). Initial certification as a Certified Surgical Technologist (CST) is based upon satisfactory performance on the national certifying examination following completion of an accredited program in surgical technology. CSTs maintain their certification by earning 60 hours of approved continuing education in a four-year period or by successfully retaking the certifying examination at the conclusion of the four-year period.

The NBSTSA's CST certification program is accredited by the National Commission for Certifying Agencies (NCCA), the accreditation division of the Institute for Credentialing Excellence (ICE) and is in compliance with NCCA's *Standards for the Accreditation of Certification Programs*. NCCA standards and accreditation services are referenced requirements in state and federal legislation pertaining to personnel certification. ICE is accredited by the American National Standards Institute (ANSI) as a developer of American National Standards. ANSI accreditation provides third-party validation that NCCA's standards development process ensures openness and due process.

## **Professional Organization**

The professional organization for surgical technologists is the Association of Surgical Technologists (AST). Formed in 1969 with the support of the American College of Surgeons, American Medical Association (AMA), American Hospital Association (AHA), and Association of periOperative Registered Nurses (AORN), AST represents the interests more than 80,000 surgical technologists. . AST's primary purpose is to ensure that surgical technologists have the knowledge and skills to administer patient care of the highest quality and is the principal provider in conjunction with more than 40 state organizations of continuing education for surgical technologists. AST also works with ARC/STSA and NBSTSA to set standards for education and certification and represents the profession at state and national levels to ensure graduation from an accredited program in surgical technology and that all surgical technologists attain the Certified Surgical Technologist credential as a condition of employment.

## **Statement on Surgical Technology Training and Certification**

*The following statement was developed by the American College of Surgeons' Committee on Perioperative Care, and approved by the ACS Board of Regents at its June 2005 meeting. This statement was subsequently approved by the Association of Surgical Technologists, American Society of Anesthesiologists, American Association of Surgical Physician Assistants, American Association of Nurse Anesthetists, and American Society of PeriAnesthesia Nurses.*

Surgical technologists are individuals with specialized education who function as members of the surgical team in the role of scrub person. With additional education and training, some surgical technologists function in the role of surgical first assistant.

Surgical technology programs are accredited by the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA) —a collaborative effort of the Association of Surgical Technologists and the American College of Surgeons, under the auspices of the Commission on Accreditation of Allied Health Education Programs. Accredited programs provide both didactic education and supervised clinical experience

based on a core curriculum for surgical technology.

Accredited programs may be offered in community and junior colleges, vocational and technical schools, the military, universities, and structured hospital programs in surgical technology. The accredited programs vary from nine to 15 months for a diploma or certificate to two years for an associate's degree.

. Graduates of accredited surgical technology programs are eligible for certification by the National Board of Surgical Technology and Surgical Assisting, an administratively independent body from the Association of Surgical Technologists consisting of representative Certified Surgical Technologists, a surgeon, and the public.

The American College of Surgeons strongly supports adequate education and training of all surgical technologists, supports the accreditation of all surgical technology educational programs, and supports examination for certification of all graduates of accredited surgical technology educational programs.

### **Role of the Surgical Technologist**

*The following description of the surgical technologist has been approved by the American College of Surgeons and the Association of Surgical Technologists:*

#### **Scrub Surgical Technologist**

The scrub surgical technologist handles the instruments, supplies, and equipment necessary during the surgical procedure. He/she has an understanding of the procedure being performed and anticipates the needs of the surgeon. He/she has the necessary knowledge and ability to ensure quality patient care during the operative procedure and is constantly on vigil for maintenance of the sterile field.

Duties are as follows:

1. Checks supplies and equipment needed for surgical procedure
2. Scrubs, gowns and gloves
3. Sets up sterile table with instruments, supplies, equipment, and medications/solutions needed for procedure
4. Performs appropriate counts with circulator prior to the operation and before incision is closed
5. 5. Gowns and gloves surgeon and assistants
6. Helps in draping sterile field
7. Passes instruments, etc., to surgeon during procedure
8. Maintains highest standard of sterile technique during procedure
9. Prepares sterile dressings
10. Cleans and prepares instruments for terminal sterilization
11. Assists other members of team with terminal cleaning of room
12. Assists in prepping room for the next patient

#### **Circulating Surgical Technologist**

The surgical technologist assisting in circulating obtains additional instruments, supplies, and equipment necessary while the surgical procedure is in progress. He/she monitors conditions in the operating room and constantly assesses the needs of the patient and surgical team. Duties are as follows:

1. Obtains appropriate sterile and unsterile items needed for procedure
2. Opens sterile supplies
3. Checks patient's chart, identifies patient, verifies surgery to be performed with consent forms, and brings patient to assigned operating room

4. Transfers patient to operating room table
5. Assesses comfort and safety measures and provides verbal and tactile reassurance to the patient
6. Assists anesthesia personnel
7. Positions patient, using appropriate equipment
8. Applies electrosurgical grounding pads, tourniquets, monitors, etc., before procedure begins
9. Prepares the patient's skin prior to draping by surgical team
10. Performs appropriate counts with scrub person prior to the operation and before incision is closed
11. Anticipates additional supplies needed during the procedure
12. Keeps accurate records throughout the procedure
13. Properly cares for specimens
14. Secures dressings after incision closure
15. Helps transport patient to recovery room
16. Assists in cleaning of room and preparing for next patient
17. Performs urinary catheterization when necessary

### **Second Assisting Technologist**

The second assisting surgical technologist assists the surgeon and/or surgical assistant during the operative procedure by carrying out technical tasks other than cutting, clamping, and suturing of tissue. This role is distinct from that of the first assistant and may, in some circumstances, be performed at the same time as the scrub role. Duties include but are not exclusive to the following:

1. Holds retractors or instruments as directed by the surgeon
2. Sponges or suctions operative site
3. Applies electrocautery to clamps on bleeders
4. Cuts suture material as directed by the surgeon
5. Connects drains to suction apparatus
6. Applies dressings to closed wound

### **JOB DESCRIPTION: SURGICAL ASSISTANT**

The *Standards and Guidelines for the Accreditation of Educational Programs in Surgical Assisting* have been approved by the Association of Surgical Technologists (AST), American College of Surgeons (ACS), Accreditation Review Committee on Education in Surgical Technology (ARC/STSA), Subcommittee on Accreditation for Surgical Assisting (SASA), and the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and include this description of the profession of surgical assisting:

As defined by the American College of Surgeons (ACS), surgical assistants provide aid in exposure, hemostasis, closure, and other intraoperative technical functions that help the surgeon carry out a safe operation with optimal results for the patient. In addition to intraoperative duties, the surgical assistant also performs preoperative and postoperative duties to better facilitate proper patient care. The surgical assistant performs these functions during the operation under the direction and supervision of the surgeon and in accordance with hospital policy and appropriate laws and regulations.

## **Education**

Surgical assistants graduate from surgical assisting programs accredited through ARC/STSA, a collaborative effort of AST, ACS, and SASA, by CAAHEP.

CAAHEP is a recognized accreditation agency of the Council for Higher Education Accreditation (CHEA). In addition, surgical assisting programs are located in educational institutions that are institutionally accredited by agencies recognized by the United States Department of Education (USDE), The Joint Commission, or an agency acceptable to CAAHEP and the ARC-ST. The ARC/STSA is also a member of the Association of Specialized and Professional Accreditors (ASPA).

## **Credentials**

Certification is conferred by the National Board of Surgical Technology and Surgical Assisting (NBSTSA). Initial certification as a Certified Surgical First Assistant (CSFA) is based upon satisfactory performance on the national certifying examination following completion of an accredited program in surgical assisting or another pathway acceptable to the NBSTSA. CSFAs maintain their certification by earning 75 hours of approved continuing education in a four-year period or by successfully retaking the certifying examination at the conclusion of the four-year period.

The NBSTSA's certification program is accredited by the Institute for Credentialing Excellence (ICE) the accreditation division of the National Organization for Competency Assurance (NOCA) and is in compliance with NCCA's *Standards for the Accreditation of Certification Programs*. NCCA standards and accreditation services are referenced requirements in state and federal legislation pertaining to personnel certification. NOCA is accredited by the American National Standards Institute (ANSI) as a developer of American National Standards. ANSI accreditation provides third-party validation that NOCA's standards development process ensures openness and due process. The American College of Surgeons strongly supports adequate education and training of all surgical assistants, supports the accreditation of all surgical assisting educational programs, and supports examination for certification of all graduates of accredited surgical assistant educational programs.

## **Professional Organizations**

The professional organizations for surgical assistants are the Association of Surgical Assistants (ASA) along with its partner organization, the Association of Surgical Technologists. AST was formed in 1969 with the support of the American College of Surgeons, American Medical Association (AMA), American Hospital Association (AHA), and Association of periOperative Registered Nurses (AORN). ASA and AST represent the interests of over 5,000 surgical assistants. ASA's and AST's primary purposes are to ensure that surgical assistants have the knowledge and skills to administer patient care of the highest quality and are the principal providers, in conjunction with more than 40 state organizations of continuing education for surgical assistants. AST also works with ARC/STSA and NBSTSA to set standards for education and certification and represents the profession at state and national levels to ensure that all surgical assistants attain the Certified Surgical First Assistant (CSFA) credential as a condition of employment.

## **Role of the Surgical Assistant**

*The following description of the surgical assistant has been approved by the American College of Surgeons and Association of Surgical Technologists:*

### **1. Positioning the patient**

- A. The surgeon shall convey the exact position that will give the best exposure for the surgical procedure. The surgical assistant will carry out this order. Consideration will be given to the patient's comfort and safety.
- B. Points of pressure shall be padded: elbows, heels, knees, eyes, face, and axillary region.
- C. Circulation shall not be impaired. (A tourniquet may be required for some procedures.)
- D. Nerve damage shall be guarded against.
- E. The temperature of the patient should be discussed with the anesthesia personnel and methods employed to maintain the desired temperature range.
- F. The surgical assistant shall be familiar with common positions related to the surgical procedure and will be able to use the equipment necessary to provide the position. Competencies will include the following:
  - (1) Fracture tables
  - (2) Head stabilizers
  - (3) Body stabilizers
  - (4) C-arm extensions
  - (5) Any other equipment needed
- G. Upon completion of the procedure, the patient shall be evaluated for any possible damage from positioning which will include assessment of the skin. The abnormal condition shall be reported to the surgeon and treatment and documentation shall be carried out.

### **2. Providing visualization of the operative site by the following:**

- A. Appropriate placement and securing of retractors with or without padding
- B. Packing with sponges
- C. Digital manipulation of tissue
- D. Suctioning, irrigating, or sponging
- E. Manipulation of suture materials (e.g., loops, tags, running sutures)
- F. Proper use of body mechanics to prevent obstruction of the surgeon's view

### **3. Utilizing appropriate techniques to assist with hemostasis**

- A. Permanent
  - (1) Clamping and/or cauterizing vessels or tissue
  - (2) Tying and/or ligating clamped vessels or tissue
  - (3) Applying hemostatic clips
  - (4) Placing local hemostatic agents
- B. Temporary
  - (1) Applying tourniquets and demonstrating awareness of the indications/contraindications for use with knowledge of

side effects of extended use

(2) Applying vessel loops

(3) Applying noncrushing clamps

(4) Applying direct digital pressure

4. Participating in volume replacement or autotransfusion techniques as appropriate

5. Utilizing appropriate techniques to assist with closure of body planes

A. Utilizing running or interrupted subcutaneous sutures with absorbable or nonabsorbable material

B. Utilizing subcuticular closure technique with or without adhesive skin closure strips

C. Closing skin with method indicated by surgeon (suture, staples, etc

D. Postoperative subcutaneous injection of local anesthetic agent as directed by the surgeon

6. Selecting and applying appropriate wound dressings, including the following:

A. Liquid or spray occlusive materials

B. Absorbent material affixed with tape or circumferential wrapping.

C. Immobilizing dressing (soft or rigid)

7. Providing assistance in securing drainage systems to tissue